

FORM
5Rev
02/20**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402359734

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☒ Final completion ☐ Preliminary completion

OGCC Operator Number: 96850

Contact Name: Jeff Kirtland

Name of Operator: TEP ROCKY MOUNTAIN LLC

Phone: (970) 362-2736

Address: PO BOX 370

Fax:

City: PARACHUTE State: CO Zip: 81635

Email: jkirtland@terraep.com

API Number 05-045-24284-00

County: GARFIELD

Well Name: FEDERAL

Well Number: RWF 332-12

Location: QtrQtr: LOT 5 Section: 12 Township: 6S Range: 94W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 2012 feet Direction: FNL Distance: 1274 feet Direction: FWL

As Drilled Latitude: 39.542034 As Drilled Longitude: -107.841575

GPS Data: GPS Quality Value: 3.2 Type of GPS Quality Value: PDOP Date of Measurement: 11/07/2019

GPS Instrument Operator's Name: W Kirkpatrick

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone Dist: 1261 feet Direction: FNL Dist: 1909 feet Direction: FWL
Sec: 12 Twp: 6S Rng: 94W

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole Dist: 1152 feet Direction: FNL Dist: 1959 feet Direction: FWL
Sec: 12 Twp: 6S Rng: 94W

Field Name: RULISON

Field Number: 75400

Federal, Indian or State Lease Number: COC073085

Spud Date: (when the 1st bit hit the dirt) 01/12/2020 Date TD: 01/16/2020 Date Casing Set or D&A: 01/16/2020

Rig Release Date: 03/03/2020 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 8910 TVD** 8797 Plug Back Total Depth MD 8869 TVD** 8755

Elevations GR 5467 KB 5491

Digital Copies of ALL Logs must be Attached per Rule 308A ☒

List Electric Logs Run:

CBL, NEU, (DEN/NEU in 045-24269)

CASING, LINER AND CEMENT

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR | 26 | 18 | 47.44 | 0 | 84 | 140 | 0 | 84 | VISU |
| SURF | 13+1/2 | 9+5/8 | 36 | 0 | 1,041 | 275 | 0 | 1,042 | CBL |
| 1ST | 8+3/4 | 4+1/2 | 11.6 | 0 | 8,900 | 1,225 | 2,563 | 8,900 | CBL |

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| | | | | | |

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth | | Check if applies | | COMMENTS (All DST and Core Analysis must be submitted to COGCC) |
|----------------|----------------|--------|------------------|-------|---|
| | Top | Bottom | DST | Cored | |
| WASATCH G | 2,327 | | | | |
| WASATCH | 4,376 | | | | |
| OHIO CREEK | 4,777 | | | | |
| WILLIAMS FORK | 5,052 | | | | |
| CAMEO | 8,035 | | | | |
| ROLLINS | 8,830 | | | | |

Operator Comments:

The GPS "as drilled" coordinates and dates of measurement is actual data of the existing well conductor location prior to the spud date.

No MUD logs were run on this well.

Alternative Logging Program: No open hole logs were run. Density Neutron log was run on RWF 432-11 (API 045-24269).

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Ashley Noonan

Title: Sr. Regulatory Analyst

Date: _____

Email: anoonan@terraep.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 402371216 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 402374409 | Directional Survey ** | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | DST Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | Logs | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Other | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u> | | | | | |
| 402359787 | PDF-PULSED NEUTRON | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402359788 | LAS-PULSED NEUTRON | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402359789 | LAS-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402359793 | PDF-CBL 1ST RUN | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 402359919 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | Stamp Upon Approval |

Total: 0 comment(s)

